



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Request for Reinstatement

In order to request reinstatement to an eligible list, you must complete this form and submit it to the Civil Service Commission. You will receive a letter from the Civil Service Commission advising you whether your request is approved or denied.

Be sure to complete all the information requested below. Please print clearly.

Date: _____ Social Security Number: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

May we contact you at your business phone? ☐ Yes ☐ No

Do you currently have any relatives who are City employees? ☐ Yes ☐ No

To which eligible list are you requesting reinstatement? _____

Please indicate with a checkmark (✓) which **one** of the following statements most closely defines your most recent status for the classification in question:

- ☐ **I voluntarily resigned from my City position** *(Individuals no longer employed by the City must make this request within twelve months of leaving the position.)*
- ☐ **I am currently a City employee and am requesting reinstatement to a previously held job class.**
- ☐ **My limited appointment to the position expired**
- ☐ **I left my position as a result of taking a disability retirement***
- ☐ **I was terminated from my position because I was unable to perform the essential functions of my position as a result of a medical condition***
- ☐ **I was terminated from my position during my probationary period**
- ☐ **My name was removed from the eligible list because I was considered for employment four times and not appointed**
- ☐ **I voluntarily accepted a demotion**

***Medical documentation must be submitted to the Commission with this form verifying the absence of the incapacity or disability and confirming your ability to perform the duties of your original position.**

For Civil Service Commission Use Only

Did employee resign in good standing? ☐ Yes ☐ No

Probationary period completed? ☐ Yes ☐ No

Date of Hire: _____

Request Approved: ☐ Yes ☐ No Date: _____ Initials: _____

For Public Safety requests: Date Division Notified: _____ Initials: _____